

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213554168					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Greater Roanoke Area USBC</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HOMER LEE GRIFFITH 85 CAROLINA RD ROCKY MOUNT, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FRANKLIN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: 03132412</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O LEE GRIFFITH 85 CAROLINA ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: ROCKY MOUNT, VA 24151</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOMER LEE GRIFFITH TITLE: PRESIDENT ADDRESS: 85 CAROLINA ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: HOMER LEE GRIFFITH TITLE: PRESIDENT ADDRESS: 85 CAROLINA ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	SHEENA BOOTHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4721 LONG ACRE DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	RICHARD CALHOON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5327 ALEXANDER DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	MICHAEL WILLIAM ECKLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7922 LAYNE CT		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	SHEILA HICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	335 FORT LEWIS BLVD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	RUSSELL HICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	335 FORT LEWIS BLVD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	PORTIA HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	609 10TH ST NW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
NAME:	GEORGE MICHAEL LYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11901 HARDY RD		
CITY/ST/ZIP/CO:	HARDY, VA 24101		
NAME:	IRA WILLIAM PAXTON, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1045 BROADHILL DR		
CITY/ST/ZIP/CO:	VINTON, VA 24179		
NAME:	KAREN TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	419 VISTA AVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	CRYSTAL TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5761 OAKLAND BLVD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	BRIAN SCOTT WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1505 WILSON ST		
CITY/ST/ZIP/CO:	ROANOKE, VA 24013		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ HILARIE AKERS	HILARIE AKERS, VICE PRESIDENT	11/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		